



**URBAN AND COMMUNITY FORESTRY PROGRAM**

**EMERALD ASH BORER GRANT PROGRAM APPLICATION**

*This information is required by Authority of Part 5 of Act 451, P.A. 1994, as amended, and the U.S. Cooperative Forestry Assistance Act of 1978, CDA 10.664, in order to be considered for a grant.*

|  |   |
|--|---|
| Applicant Name (county, city, township, village etc.)  | Applicant's Contact Person (individual contact name)  |
| Address  | E-mail  |
| City, State, ZIP   | County  |
| Telephone  | Participant in State of Michigan's municipal ash tree removal contract program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>PROJECT BUDGET</b><br><br>GRANT AMOUNT REQUESTED (FEDERAL)<br>(no more than 50% of total project cost) \$ _____<br><br>MATCH AMOUNT (NON-FEDERAL)<br>(must be at least 50% of total project cost) \$ _____<br><br><b>TOTAL PROJECT COST:</b> \$ _____ | Federal Employer Identification Number (FEIN):<br><b>(This 9 Digit Number Must Be Provided)</b><br><br>Estimated project starting date<br><br>Estimated projected completion date:<br><b>(must be completed by 5/31/2007)</b>     |
| <b>PROJECT CATEGORY</b> (Please check one)-Maximum award \$20,000<br><input type="checkbox"/> Tree Planting<br><input type="checkbox"/> Community Tree Inventory<br><input type="checkbox"/> Urban & Community Forestry Management Plan                  | <b>TYPE OF APPLICANT</b> (Please check one):<br><input type="checkbox"/> Local Unit of Government<br><input type="checkbox"/> Non-profit organization/ Educational/Tribal Institution<br><input type="checkbox"/> Other (specify) |
| <b>PROJECT NARRATIVE INFORMATION</b> - Please answer the following questions and attach additional/separate pages as needed):<br><b>A. DESCRIBE THE EMERALD ASH BORER IMPACT ON YOUR COMMUNITY:</b><br><br>_____<br><br>_____                            |   |
| <b>B. PURPOSE OF PROJECT:</b><br><br>_____   |   |
| <b>C. PROJECT GOALS/OBJECTIVES:</b><br><br>_____<br><br>_____  |   |
| <b>E. WHAT ARE THE SHORT- AND LONG-TERM BENEFITS TO THE COMMUNITY?</b><br><br>_____<br><br>_____   |   |
| <b>F. WHO WILL BE INVOLVED WITH AND RESPONSIBLE FOR THE PROJECT?</b><br><br>_____  |   |
| <b>G. HOW WILL THE PROJECT BE EVALUATED?</b><br><br>_____  |   |

**BUDGET INFORMATION:**

A budget chart must be included (see sample budget in Grant Application Information IC-4028, page 3). Budget detail must specify total project costs, grant amount requested and matching funds. Grant amount request can be no more than 50% of the total project costs. Budgets must identify match funds (cash, value of in-kind contributions etc.). Matching funds may not be federal monies and must be directly related to the tree planting project.

**Additional eligible match allowances include Ash tree removals occurring on or after 10/01/05 and approved EAB population control activities that are not federally funded.**

In-kind contributions include in-house or volunteer labor costs, goods and services. Volunteer labor/services should be valued as: adults at \$16.50/hour, youths up to age 16 at \$8.25/hour. Professional or technical services contributed by businesses or companies may be estimated at commercial/professional rates that are reasonable and customary.

Project title: \_\_\_\_\_

| EXPENSES            | <b>TOTAL PROJECT COST</b>          |   | <b>BUDGET DETAIL</b> |
|---------------------|------------------------------------|---|----------------------|
|                     | REQUESTED GRANT FUNDS<br>(FEDERAL) | MATCH<br>(MUNICIPAL SHARE- NON-FEDERAL) |                      |
| Personnel/Fringes   |                                    |   |                      |
| Trees               |                                    |   |                      |
| Misc. supplies      |                                    |   |                      |
| Volunteer Valuation |                                    |   |                      |
| Contracted          |                                    |   |                      |
| Equipment           |                                    |   |                      |
| Other               |                                    |   |                      |
| <b>TOTAL</b>        |                                    |   |                      |

Requested Grant Funds for Tree Planting shall apply to the purchase of trees only.

**ACCEPTABLE SOURCES OF MATCH INCLUDE:**

- Tree Maintenance (Year One only)
- Program Administration (up to 20% of requested grant funds)
- Tree Installation/Planting (in-house, volunteer labor or contract labor)
- Planting Supplies (i.e., mulch, stakes)/Tree Delivery Costs
- Contractual Services
- In-kind Personnel/Equipment

**TREE PLANTING INFORMATION-** Please answer the following questions and attach additional/separate pages as needed:

**A. NUMBER OF TREES TO BE PLANTED:**

\_\_\_\_\_

\_\_\_\_\_

**B. SIZE: (I.E., CALIPER)**

\_\_\_\_\_

\_\_\_\_\_

**C. TREE PLANTING STOCK SIZE: (i.e. balled & burlapped, container, bare root)**

\_\_\_\_\_

\_\_\_\_\_

**D. TREE SPECIES TO BE PLANTED: (Applicants are strongly encouraged to use a diverse variety of tree species in their planting project.)**

\_\_\_\_\_

\_\_\_\_\_

**E. LOCATION OF TREE PLANTING PROJECT AND TREE PLANTING DIAGRAM (please check all that apply and attach site map and diagram):**

☐ PRIVATE PROPERTY ☐ STREET RIGHT-OF- WAY ☐ PARK ☐ OTHER (please specify)

**F. ARE OVERHEAD AND UNDERGROUND UTILITIES TAKEN INTO CONSIDERATION WHEN TREE PLANTING?** ☐ Yes ☐ No

**CALL MISS DIG AT (800) 482-7171 BEFORE BEGINNING ANY TREE PLANTING OR DIGGING PROJECT.**

**TREE MAINTENANCE PLAN:**

All planting projects must include a three (3) year maintenance plan. A maintenance plan should address watering, pruning, damage control/management, insect and disease monitoring and other routine and corrective actions. The Tree Maintenance Guidelines (IC 4108-1) may be used as a guideline. Please visit <http://www.michigan.gov/dnr> (Urban and Community Forestry section) to download a copy of this guide. Also, please indicate who will be responsible for these activities (i.e. municipality crews, residents, contractors, etc.).

---

---

---

---

---

---

---

---

---

---

---

---

Identify the legal authority, responsible department, board, committee or commission charged with the carrying out and administration of this project.

**NON-PROFIT ORGANIZATIONS:** Copy of IRS determination indicating non-profit status enclosed? ☐ Yes ☐ No

Does the legal authority support this proposal?

☐ Yes ☐ No

Written permission of landowner/municipality where planting project will occur?

☐ Yes (Please attach) ☐ NO

*I hereby agree, as Designated Representative of above-named Applicant, to implement this project according to the Application and to abide by the provisions of the Emerald Ash Borer Grant Program, including compliance with all applicable federal and state laws and regulations.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPLICATIONS MUST BE RECEIVED BY FEBRUARY 22, 2006****PLEASE DO NOT ENCLOSE MATERIALS IN FOLDERS OR BINDERS.**

Return completed *Application* (**original & two signed copies**) and *Community Assessment Survey* (PR 4028-2) to:

Mailing Address:

**EMERALD ASH BORER GRANT PROGRAM  
FOREST, MINERAL AND FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30452  
LANSING MI 48909-7952**

Street Address:

**EMERALD ASH BORER GRANT PROGRAM  
FOREST, MINERAL AND FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
530 W ALLEGAN STREET  
LANSING MI 48933**